

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/089488

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		1				
5		1				
6	1					
7		1				
8						
9		8				
10		8				
11		8				
12	1					
13		8				
14		8				
15		8				
16		8				
17		8				
18		8				
19		8				
20		8				
21	1					
22	1					
23		2				
24	1					
25	1					
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50						
TOTAL IND.			7			
TOTAL DEP.			16			
TOTAL CLAIMS			23			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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U.S. DEPARTMENT OF COMMERCE
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